

Pacific Islanders

Women's Health

HISTORY

The Pacific Islander (PI) population in the US is composed of many groups with origins from the Pacific Islands, including Polynesians, Micronesians, and Melanesians. Polynesians include native Hawaiians, Samoan, Tongan, and Tahitian. Micronesians include Guamanian or Chamorro, Mariana Islander, and

The Pacific Islander (PI) population in the US includes Polynesians, Micronesians, and Melanesians

Saipanese. Melanesians include Fijian, Papua New Guinean, and Soloman Islander. In 1990, the US Census added the "Other Asian or Pacific Islander" category to

the questionnaire to include those of unspecified Polynesian, Micronesian, or Melanesian groups.¹

DEMOGRAPHICS

The total PI population in the US, who is "alone" or of one race, is 248,960 and those of mixed race is 487,461.² The largest group of PI's in the US is Samoans from American Samoa and Samoa. The next largest group is those from Guam, also known as Chamorro.

Most PI's live in the West Coast of the US (71%), where approximately 58% live in Hawaii and California.³ With regards to educational attainment, approximately 80% of native Hawaiian and Pacific Islanders (NHPI's) are high school graduates and one quarter of the population have a bachelor's degree or more.⁴ In 1999, among NHPI's working full time, the median earnings for those 16 years or older was \$28,457 compared to \$32,098 for the overall US population.⁵ Of the 272,266 NHPIs alone, men compose 50.3% and women compose 49.7% who are employed.⁶

HEALTH STATUS

The health of PIs has been aggregated with native Hawaiians and Asian Americans. Their overall health status is unclear.

MAJOR HEALTH AND SOCIAL ISSUES

Among Pacific Islander women, however, the following has been found:

Prenatal Care

-low rates of prenatal care among Samoan (48.4%) and Guamanian (66.4%) women⁷
-Guamanians have high rates of teen pregnancy (6.7%)⁸

PI's are considered a high risk group for infant mortality

Infant Mortality

-PI's are considered a high risk group for infant mortality
-high infant mortality rate, especially in Guam (9.5 per 1000) and in the Federated States of Micronesia (estimated 52 per 1000)⁹

Cancer

-lung cancer is the second most diagnosed cancer among American Samoan women¹⁰
-breast cancer incidence and mortality rate among Marshallese women is 5 times greater than for white women in the US¹¹
-cervical cancer rate among Marshallese women is 75 times greater than for white women in the US. (This high cancer rate is possibly a consequence of US nuclear testing in the 1950s and nuclear waste dumping in US associated Pacific islands.)¹²

Cardiovascular Disease

-higher weight and blood pressure among US Samoans

Diabetes and Obesity

-obesity and type 2 diabetes affects Samoans and Micronesians residing in their home islands or the US mainland¹³ (Diabetes and obesity is highest among Samoans. Among Micronesians, the influence of urbanization has disproportionately affected their health.)

Pacific Islanders

Women's Health

RESOURCES

Asian Communities for Reproductive Justice: <http://www.apirh.org/>

Asian Pacific American Legal Center: <http://www.apalc.org/>

Asian Pacific Islander Health Forum: <http://www.apiahf.org/>

Association of Asian Pacific Community Health Organizations: <http://www.aapcho.org/>

Center for Policy Alternatives: www.communityvoices.org

Management Sciences for Health: <http://erc.msh.org/quality&culture>

National Asian American Pacific Islander Mental Health Association: <http://www.naapimha.org/>

Disclaimer:

This Fact Sheet was created by Joy Padilla for a class project and is not endorsed by the University of Michigan. The Fact Sheet is not intended for medical advice. Please consult with a licensed medical provider if you have any health concerns.

¹ Moy, E. (1969). Recognizing identity beyond the categories. In *The new face of Asian Pacific American: Numbers, diversity and change in the 21st century*. (Eds.) E. Lai & D. Arguelles. Berkeley: Consolidated Printers, Inc.

² US Census Bureau. (2000). The Native Hawaiian and Other Pacific Islander Population: 2000, Census 2000 Brief. Retrieved March 20, 2005, from <http://www.census.gov/prod/2001pubs/c2kbr01-14.pdf>

³ US Census Bureau. (2000).

⁴ Moy, E. (1969).

⁵ Moy, E. (1969).

⁶ Moy, E. (1969).

⁷ National Center for Health Statistics (NCHS). (1998). *Health, United States, 1998 with socioeconomic status and health chartbook*. Hyattsville, MD: NCHS.

⁸ Nelson, M. & Dumbauld, S. (2000). Profile of women's health status in California, 1984-1994. Retrieved March 20, 2005, from <http://www.dhs.cahwnet.gov/director/owh/html/profil etext.htm>

⁹ US Department of Health and Human Services (DHHS). (2000). HHS fact sheet on Asian American and Pacific Islander issues. Retrieved March 20, 2005, from <http://www.aapi.omhrc.gov/2pgAAPI/whatsnew2.htm>

¹⁰ Kaiser Permanente. (1999). *A provider's handbook on culturally competent care: Asian and Pacific Island American population*. Oakland, CA: Kaiser Permanente National Diversity Council.

¹¹ Palafox, N. (1997). Proceedings of the forum: Cancer crisis among Asian Pacific Islanders as articulated by Asian Pacific Islanders, hosted by the Congressional Asian Pacific Caucus. Washington, DC, April 28.

¹² Palafox, N. (1997).

¹³ Crews, D.E. (1988). Body weight, blood pressure and the risk of total and cardiovascular mortality in an obese population. *Human Biology*, 60, 417-433. Crews, D.E., Bindon, J.R., McCuddin, C.R., and Puletasi, A. (1991). Associations of body habitus with diabetes, glucose, and glycated hemoglobin in American Samoans. *Diabetes*, 40, Suppl.1, 433A. Pawson, I.G., & Janes, C. (1981). Massive obesity in a migrant Samoan population. *American Journal of Public Health*, 71, 508-513.

Zimmet, P. (1979). Epidemiology of diabetes and its macrovascular manifestations in Pacific populations: The medical effects of social progress. *Diabetes Care*, 2, 144-153.